

Best Available Copy

CLAIMS ONLY							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2		/					52				
3		/					53				
4		/					54				
5		/					55				
6		/					56				
7							57				
8	/						58				
9		/					59				
10		/					60				
11	/						61				
12		/					62				
13		/					63				
14		/					64				
15		/					65				
16		/					66				
17		/					67				
18	/						68				
19		/					69				
20		/					70				
21	/						71				
22		/					72				
23		/					73				
24		/					74				
25		/					75				
26		/					76				
27		/					77				
28	1						78				
29		1					79				
30		/					80				
31	/						81				
32		1					82				
33		/					83				
34		/					84				
35		/					85				
36		/					86				
37		/					87				
38	/						88				
39		1					89				
40		1					90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	8		8		8		TOTAL IND.				
TOTAL DEP.	32		32		32		TOTAL DEP.				
TOTAL CLAIMS	40		40		40		TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS